



2023

BENEFITS ORIENTATION



HIGHER EDUCATION

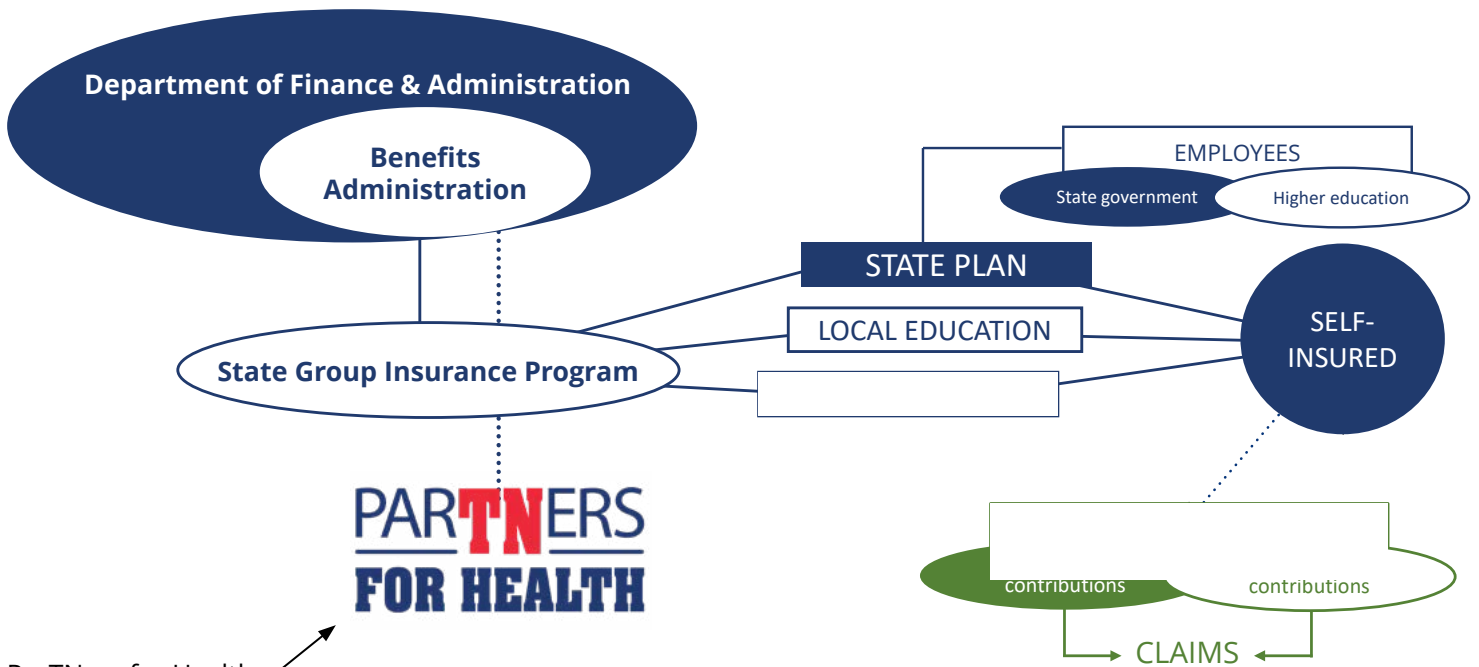


ParTNers for Health Overview

About the plan

Benefits Administration, within the Department of Finance & Administration, manages the State Group Insurance Program.

The state pays about 80% of the medical insurance monthly premium for state employees and dependents. This covers medical, behavioral health and pharmacy services.



ParTNers for Health is the official logo and website name for Benefits Administration.



Contents

I. Medical Options

II. Voluntary Options

XXXXXXXXXXXX



Medical Options

click arrow
to go back
to contents

Medical Plan Options *(choose one)*

- **Premier** Preferred Provider Organization or Premier PPO
- **Standard** Preferred Provider Organization or Standard PPO
- Consumer-driven health plan with a health savings account or **CDHP/HSA**

Tier Levels *(choose one)*

Employee Only | Employee + Spouse | Employee + Child(ren) | Employee + Spouse + Child(ren)

2 Carriers

**BlueCross
BlueShield**

Cigna

4 Networks

Narrow Network

- 1 Network S
- 2 LocalPlus

Broader Network*

- 3 Network P
- 4 Open Access Plus

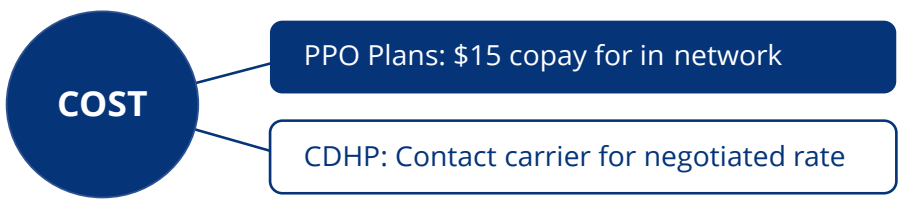
*Additional cost applies. \$65 per month for the employee only and employee + child(ren) tiers and an additional \$130 per month for the employee + spouse and employee + spouse + child(ren) tiers. This cost is added to your monthly premium.

Telehealth

All plan members have access to **virtual telehealth** visits.

BlueCross BlueShield **PhysicianNow**

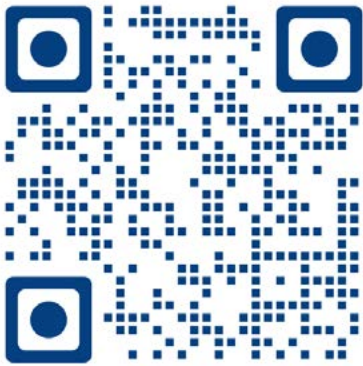
Cigna **MDLive**



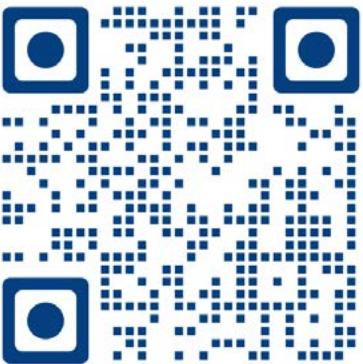
Both are **available** 24 hours a day, seven days a week (including nights, weekends **and** holidays).



Medical Options



2023 Health Premiums



Health Comparison Chart

Pharmacy Benefits

All employees enrolled in medical coverage have pharmacy benefits. The health plan you choose determines your out-of-pocket prescription costs.


How much you pay depends on:

1. Drug tier
2. Drug quantity
3. Where you get your drugs

Behavioral Health – administered by Optum

All health plans include access to outpatient and facility-based behavioral health and substance use disorder services.

There is not a separate premium, deductible or max-out-of-pocket for behavioral health benefits.

<p>Talkspace – talk with a therapist via:</p> <p>text audio video</p>	
	<p>Sanvello – on-demand mobile app to help with:</p> <p>stress anxiety depression</p>



Behavioral Telehealth page



Voluntary Options

Dental

Cigna DHMO Prepaid Provider

This **dental health maintenance organization** provides services at fixed copay amounts paid by the member.

A **narrow network** of dental providers must be used to receive benefits.

Delta Dental DPPO

This **dental preferred provider organization** provides services with coinsurance paid by the member **and** Delta Dental.

Any dentist can be used to receive benefits; you **pay less** with **in-network** dental providers.

2023 Active Member Dental Premiums

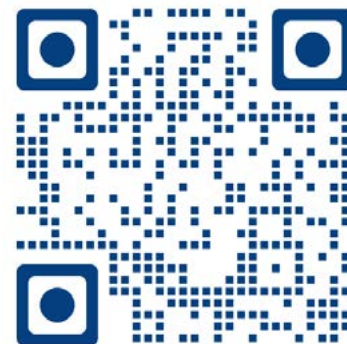
Tiers	Cigna	Delta Dental
Employee only	\$13.84	\$19.82
Employee + Spouse	\$24.54	\$38.98
Employee + Child(ren)	\$28.54	\$52.70
Employee + Spouse + Child(ren)	\$33.74	\$80.72

NOTE: Delta Dental has a waiting period from the member's coverage start date for some services. See the dental comparison chart for more.

Dental Comparison Chart

Can be found on the ParTNers for Health website
From the homepage:

1. Hover over **Other Options** tab in the main navigation
2. Click on **Dental**
3. Click on **2023 comparison of the plans' benefits**





Voluntary Options

Vision

Two plan options administered by **EyeMed**

Basic Plan
Offers discounted rates, copays and allowances for services and material.

Expanded Plan
Provides services and materials with a combination of copays, greater allowances than the basic plan and discounted rates.

2023 Active Member Vision Premiums		
Tiers	Basic	Expanded
Employee only	\$3.18	\$6.30
Employee + Spouse	\$6.03	\$11.98
Employee + Child(ren)	\$6.35	\$12.60
Employee + Spouse + Child(ren)	\$9.33	\$18.54

Vision Comparison Chart

Can be found on the ParTNers for Health website
From the homepage:

1. Hover over the **Other Options** tab in the main navigation
2. Click on **Vision**
3. Click on [click here](#) for 2023 comparison of plans' benefits





Voluntary Options

Life Insurance

Basic Group Term Life and **Accidental Death and Dismemberment** Insurance

PLEASE NOTE

The amount of Basic Term Life and Basic AD&D insurance begins to **decrease** when you reach age 65.

Your enrolled dependents will have \$3,000 Basic Term Life Insurance and Basic AD&D as a percentage of your Basic AD&D.

- Employees receive **\$20,000** in basic term life insurance and **\$40,000** in basic accidental death and dismemberment insurance paid by the state at no cost to the employee.
- Basic term life insurance coverage will be 1.5X the employee's base annual salary as of Sept. 1 of each year, **even if the employee is not enrolled in health insurance**, to a maximum of \$50,000.
- Employees can **opt out** of the employee-paid basic term life insurance coverage over \$20,000 and basic AD&D coverage over \$40,000 along with dependent coverage.
- Opting out must be done in Edison.
This is a permanent choice.

Voluntary Term Life Insurance

- Available to purchase for yourself, spouse and child(ren).
- Enrollment is not automatic.
- If you don't enroll when first eligible, you will be required to answer health questions when enrolling in the future.
- The guaranteed issue amount of voluntary life insurance is five times the employee's base annual salary

Voluntary **Accidental Death and Dismemberment Insurance**

You can buy voluntary AD&D insurance to give additional protection if you or your dependent's death or dismemberment is due to an accident.

New in 2023

Coverage level will no longer be based on salary, and instead be a choice of these amounts:
\$50,000 | \$60,000 | \$100,000 | \$250,000 | \$500,000

Dependent coverage level is a percentage of the employee's voluntary AD&D coverage amount.



Voluntary Options

Disability Insurance

–Protects your income if you are unable to work due to illness or injury.

Short-term

Replaces a portion of your income during a disability for **up to 26 weeks**.

- Enrollees pay **100%** of the premium with after-tax dollars.
- By paying with after-tax dollars, any benefits paid to you will result in a **tax-free benefit**.
- You must use **all** accumulated leave (sick, annual and comp time) **before** your disability payments begin.



Long Term

Replaces a portion of your income during a disability **AFTER** first 120 days.

- See the LTD information at: <http://payroll.tennessee.edu/wp-content/uploads/sites/3/2023/03/RSI-LTD-Flyer.pdf>

Flexible Spending Accounts

Medical

PPO members only

Used to pay for certain medical, dental, vision and drug costs not covered by insurance

Annual Contribution Limit

\$2,850 per year

\$570 can be rolled over

Limited Purpose

Used to pay vision and dental costs not covered by insurance for CDHP members

Annual Contribution Limit

\$2,850 per year

\$570 can be rolled over

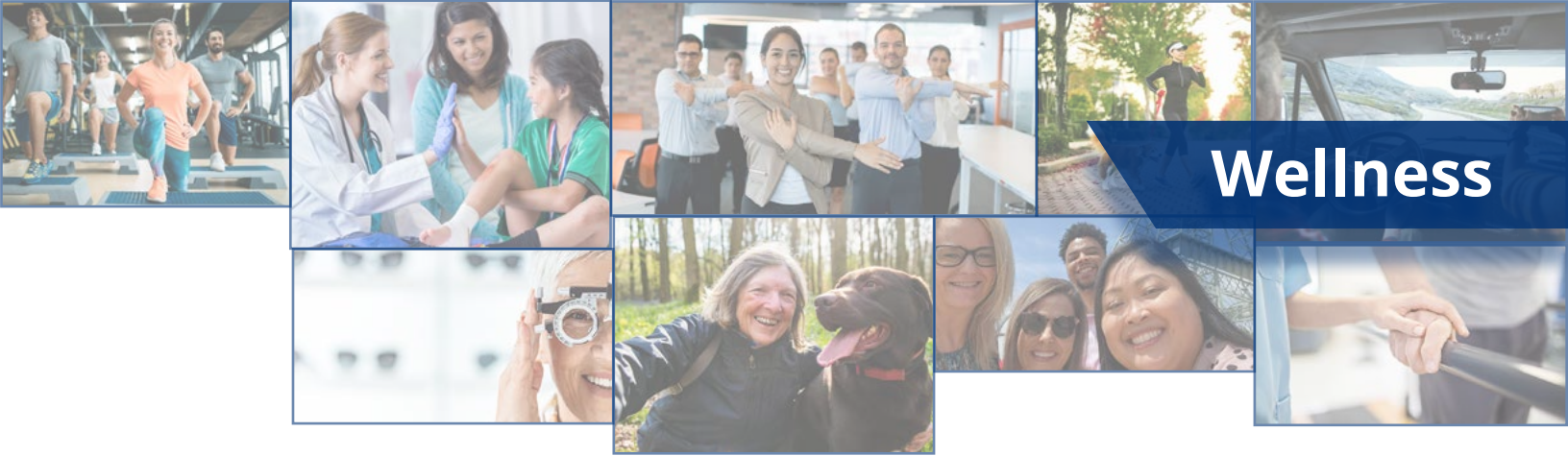
Dependent Care

Used to pay for after-school care, babysitting fees, daycare and preschool to allow the account holder to work, attend school, or look for work

Annual Contribution Limit

\$5,000 per household per year or \$2,500 per spouse for married persons filing separately

IMPORTANT! You cannot enroll in both medical **and** limited FSA in the same year.



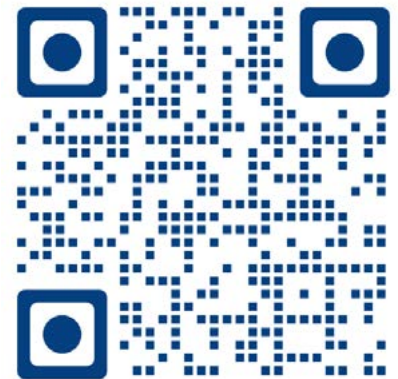
Wellness

Wellness

ActiveHealth Management is our **wellness** vendor, and they can **help you** achieve your health **goals**.

Your wellness program includes:

- A health assessment
- One-on-one coaching and group coaching
- Personalized weight management program
- Support for chronic conditions such as asthma, diabetes, COPD
- Help quitting tobacco
- Biometric screenings (*excludes* state plan retirees)
- Web portal and mobile app with access to many other online resources



State employees **not enrolled** in the health plan **have access** to the ActiveHealth web portal and mobile app.

Employee Assistance Program

Specialists available **24/7** at 855-Here4TN

Employee Assistance Program offers help with stress, legal, financial and work-life services

Five **no-cost** counseling sessions per problem, per year, per individual

Check out here4tn.com for more info.

Family issues

Dealing with addiction

Child and elder care



Employee Discount Program

- Exclusive discounts from your favorite **brands**
- **30,000** national and local offers
- Designed for your **device** of choice



Scan this code with your smartphone to access the **Employee Discount Program**



Enrolling in Coverage

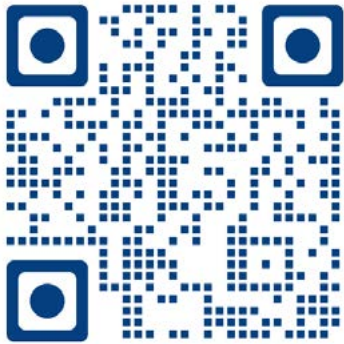
Enrolling in Coverage

- Enrollment Change Form**

Enrollment must be completed and submitted to ABC within 30 calendar days of your hire date or date of becoming eligible.
 The 30 days includes the hire date or other date you become eligible.

Dependent Documentation

Spouse Marriage license + bank statement/mortgage statement/credit card statement/residential lease agreement/property tax statement/first page of most recent federal tax return filed showing “married filing jointly”



Child(ren)	
Biological	Birth certificate
Adopted	Court order
Step	Verification of marriage between employee and spouse and birth certificate of child showing the relationship to the spouse

Enrollment Deadlines

NEW HIRES:

Enrollment must be completed and submitted to ABC within **30** calendar days of your hire date or date of becoming eligible. The 30 days includes the hire date or other date you become eligible.

Enroll as quickly as possible to avoid the possibility of double premium payroll deductions

ANNUAL ENROLLMENT:

Gives you a chance to enroll or make changes to your existing coverage, like increasing or decreasing voluntary term life insurance, transferring between health, dental, disability and vision options and cancelling insurance.



Forms

RESET **KEYED:** **VERIFIED:** **PERM:**

STATE OF TENNESSEE GROUP INSURANCE PROGRAM
2023 ENROLLMENT CHANGE APPLICATION
 University of Tennessee - Payroll, Benefits and Retirement - Benefits Administration
 505 Summer Place - UT Tower 307 - Knoxville, TN 37962 - 865.974.5251 - utbenefits@utknox.edu

PARTNERS FOR HEALTH

PART 1: WORK REQUESTS - PLEASE CHECK ALL THAT APPLY

<input type="checkbox"/> All coverage	<input type="checkbox"/> Coverage	<input type="checkbox"/> Effective Date	<input type="checkbox"/> New/Reinstated/Change	<input type="checkbox"/> Other	<input type="checkbox"/> Special Enrollment
<input type="checkbox"/> Change coverage	<input type="checkbox"/> Detail	<input type="checkbox"/> Effective	<input type="checkbox"/> New/Reinstated/Change	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> New self or family	<input type="checkbox"/> Hour	<input type="checkbox"/> Leave	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
	<input type="checkbox"/> Disability	<input type="checkbox"/> Children	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

PART 2: EMPLOYEE INFORMATION

EMPLOYEE ID	JOB	LAST NAME	FIRST NAME	DATE OF BIRTH	SEX	SSN	STATUS
				MM/DD/YY	M/F	XXXXXXXXXX	Full-time / Part-time
SOCIAL SECURITY NUMBER	EMPLOYER/UNIVERSITY	EMPLOYEE GROUP	LINE	POSITION TITLE	DEPT	OFFICE	LOCATION
	University of Tennessee						
HOME ADDRESS	CITY	STATE	ZIP CODE	COUNTRY			

PART 3: BENEFIT SELECTION - CHECK CAREFULLY! CHECK FOR QUALIFYING EVENTS, CHANGES NOT ALLOWED BEFORE THE PLAN'S ANNUAL RENEWAL

SELECT AN OPTION

<input type="checkbox"/> None/None	<input type="checkbox"/> Health	<input type="checkbox"/> Dental	<input type="checkbox"/> Vision	<input type="checkbox"/> Life	<input type="checkbox"/> Disability
<input type="checkbox"/> None/None	<input type="checkbox"/> Health	<input type="checkbox"/> Dental	<input type="checkbox"/> Vision	<input type="checkbox"/> Life	<input type="checkbox"/> Disability

STATE OF TENNESSEE GROUP INSURANCE PROGRAM
BASIC TERM LIFE/AD&D INSURANCE ENROLLMENT/CHANGE APPLICATION
 University of Tennessee - Payroll, Benefits and Retirement - Benefits Administration
 505 Summer Place - UT Tower 307 - Knoxville, TN 37962 - 865.974.5251 - utbenefits@utknox.edu

PART 1: LEVEL OF COVERAGE

ENROLLMENT

<input type="checkbox"/> None/None	<input type="checkbox"/> New/Increase	<input type="checkbox"/> Special Enrollment	<input type="checkbox"/> Under Dependent
<input type="checkbox"/> Change Coverage	<input type="checkbox"/> Family/Single	<input type="checkbox"/> Complete page 2 and attach if applicable with return to your agency health coordinator	<input type="checkbox"/> Add Term Life Terminate

ANNUAL RENEWAL

Add Change

PART 2: SELECT COVERAGE

Employee + spouse Employee + spouse + children Employee + children

I want dependent(s) and employee paid basic term (100,000) employee coverage. Note: There is a 30-day grace period for dependent(s) coverage. If dependent(s) coverage is not selected, dependent(s) coverage will be terminated at the end of the 30-day grace period. Dependent(s) coverage will be terminated at the end of the 30-day grace period. Dependent(s) coverage will be terminated at the end of the 30-day grace period. Dependent(s) coverage will be terminated at the end of the 30-day grace period.

DEPENDENT ELIGIBILITY
 Definitions and Required Documents

PARTNERS FOR HEALTH

TYPE OF DEPENDENT	DEFINITION	REQUIRED DOCUMENTS FOR VERIFICATION
Spouse	Spouse is a person who is legally married to the participant.	<ul style="list-style-type: none"> Marriage certificate Joint federal income tax return Proof of shared financial support Joint bank statements Joint credit card statements Joint utility bills Joint insurance policies Joint lease or mortgage agreement Joint ownership of real estate Joint ownership of a vehicle Joint ownership of a business Joint ownership of a bank account Joint ownership of a credit card Joint ownership of a cell phone Joint ownership of a social media account Joint ownership of a travel account Joint ownership of a gym membership Joint ownership of a subscription service Joint ownership of a pet Joint ownership of a car Joint ownership of a boat Joint ownership of a plane Joint ownership of a house Joint ownership of a land Joint ownership of a mineral interest Joint ownership of a patent Joint ownership of a trademark Joint ownership of a copyright Joint ownership of a trade secret Joint ownership of a confidential information Joint ownership of a trade dress Joint ownership of a trade name Joint ownership of a trade dress Joint ownership of a trade name Joint ownership of a trade dress Joint ownership of a trade name

NAME **SECURITY** **OR** **SSN**

DEPENDENT INFORMATION - SEE STATEMENT AT THE TOP OF PAGE 3

Name (First, MI, Last)	Date of Birth	Relationship	Gender	Acquire date	SSN

A spouse sheet with most dependents attached

PRIMARY BENEFICIARY DESIGNATION

NAME	PHONE NUMBER	SSN	RELATIONSHIP	BENEFIT %

HOME ADDRESS **CITY** **STATE** **ZIP CODE**

STATE OF TENNESSEE GROUP INSURANCE PROGRAM
VOLUNTARY ACCIDENTAL DEATH AND DISMEMBERMENT ENROLLMENT APPLICATION
 University of Tennessee - Payroll, Benefits and Retirement - Benefits Administration
 505 Summer Place - UT Tower 307 - Knoxville, TN 37962 - 865.974.5251 - utbenefits@utknox.edu

TYPE OF REQUEST

<input type="checkbox"/> None/None/Change	<input type="checkbox"/> Add/Dependent	<input type="checkbox"/> \$50,000	<input type="checkbox"/> The volume of insurance options are for the employee.
<input type="checkbox"/> Employee only	<input type="checkbox"/> Terminate/Dependent	<input type="checkbox"/> \$40,000	<input type="checkbox"/> Dependent coverage will be a percentage of the employee's value.
<input type="checkbox"/> Employee + spouse	<input type="checkbox"/> Increase Coverage	<input type="checkbox"/> \$30,000	
<input type="checkbox"/> Employee + spouse + children	<input type="checkbox"/> Add/Change Beneficiary	<input type="checkbox"/> \$25,000	
<input type="checkbox"/> Employee + children	<input type="checkbox"/> Effective Date of Change	<input type="checkbox"/> \$20,000	
<input type="checkbox"/> Special Enrollment			

EMPLOYEE INFORMATION

EMPLOYEE NAME	JOB	LAST NAME	FIELD	BIRTH	SEX	SSN	STATUS
				MM/DD/YY	M/F	XXXXXXXXXX	Full-time / Part-time
SOCIAL SECURITY NUMBER	EMPLOYER/UNIVERSITY	EMPLOYEE GROUP	LINE	POSITION TITLE	DEPT	OFFICE	LOCATION
HOME ADDRESS	CITY	STATE	ZIP CODE	COUNTRY			

2023
The University of Tennessee
 Employee Authorization for Payroll Deduction to Health Savings Account

Use this form to have money withheld from your paychecks and deposited into your health savings account (HSA) on a pre-tax basis. You must be enrolled in a consumer-driven health plan (CDHP) with an HSA before you can start a payroll deduction.

I wish to: Begin a deduction Change my deduction Stop my deduction Effective date: _____

Section 1: Employee Information

Name (Last, First, Middle Initial) _____ Personal Number _____
 Work phone number _____

Section 2: Calculate Your Maximum HSA Contribution
 (Use the worksheet on the back of this form.)

LONG TERM DISABILITY
 Reliance Standard Life Insurance Company
 Enrollment and Statement of Health

Name of Employer: The University of Tennessee Location/Division: 01 Bill Group: 00001

Policy # and Class # LT034277/01 Policy # and Class # Policy # and Class # Policy # and Class # Policy # and Class #

Application Type: Initial Eligibility/New Hire Late Applicant Other Increase Approved Annual Enrollment Change in Status: Nature of Change(s): _____ Date of Change: _____

If marriage, domestic partnership, divorce, dissolution of a partnership or birth of a child, please provide copy of document.

Employee/Member Information - Always Complete

Name _____ Social Security Number/Employee ID _____
 Gender _____ Date of Birth _____ Age _____ State of Birth _____ Country _____
 Address _____

RESET

UNIVERSITY OF TENNESSEE FLEXIBLE BENEFITS PLAN
FSR ELECTION & COMPENSATION REDUCTION AGREEMENT - 2023 PLAN YEAR
 University of Tennessee - Payroll, Benefits and Retirement - Flexible Benefits Administration
 505 Summer Place - UT Tower 307 - Knoxville, TN 37962 - 865.974.5251 - utbenefits@utknox.edu

Complete this form only if you wish to participate in the Medical, Limited Purpose or Dependent Care Reimbursement Account

EMPLOYEE INFORMATION

EMPLOYEE ID	FIRST NAME	LAST NAME	PERMID JOB ID (BY EMAIL)
HOME ADDRESS	CITY	STATE	ZIP CODE
EMPLOYER NAME	DATE OF EMPLOYMENT	OFFICE/DEPARTMENT	
WORK PHONE	PHYSICAL ADDRESS (PLEASE READ CAREFULLY)	ENROLLMENT STATUS	
		<input type="checkbox"/> New Hire <input type="checkbox"/> Change	

REIMBURSEMENT ACCOUNT ENROLLMENT (see instructions must be filed each year)

Indicate the amount you wish to contribute to a reimbursement account through pay rate salary reduction by completing the section below. If you have questions, contact the Payroll Office for additional information at 865.974.5251 or utbenefits@utknox.edu.

Forms are available in the Health Center (CDHP) or on the University of Tennessee website at www.utknox.edu/utbenefits.

Resources

✓ We're here to help



Benefits Office 865-974-5251

send all forms and documents to the general insurance email:



utinsurance@tennessee.edu

Online Resources provided by the State



tn.gov/partnersforhealth



For Retirement



865-974-5251 ← Select **Option 2** to speak with a retirement analyst



retirement@tennessee.edu



tn.gov/partnersforhealth/continuing-insurance-at-retirement

